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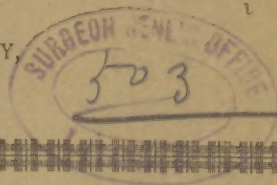
—BY—

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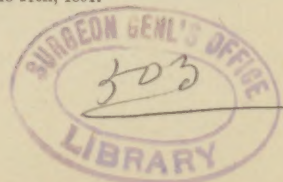
THE RELATION OF GONORRHOEA TO DISEASE OF THE UTERINE APPENDAGES.¹

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The consideration of this subject has been pregnant with the deepest interest to me for several years, and as my horizon of experience widens, and I become more and more familiar with the causes of disease of the organs located in the female pelvis, and am thereby enabled, here and there, to pierce the clouds that have heretofore obscured my vision, the more often do I observe the mephistophelian head of gonorrhœa as the prime cause of much of the terrible and unrequited suffering that woman has to endure.

Gonorrhœa, which was once, and is still by some, considered as the least harmful of the venereal diseases, as the light of recent investigation shows the true nature of its pathology, bids fair in the future to have more suffering and misery among women laid to its door than even to that of its loathsome relative, syphilis. I have certainly found this to be true in my practice. There are those who believe that gonorrhœa is never cured. The results of syphilis are very successfully combatted by the use of drugs, while those of gonorrhœa, especially on the uterine appendages, never are, that I am aware of. The knife of the surgeon becomes the only alternative, and that usually after untold suffering. In Tait's "Diseases of Women and Abdominal Surgery" he says, in an article on the subject: "Early in life I heard one eminent surgeon, one of my own teachers, say that if he were condemned to have a venereal disease he would rather have syphilis than gonorrhœa. I marvelled and disbelieved, but now I know that, if he included women in his thoughts of the subject, he spoke truly. Syphilis is a relatively harmless disease. It may cause discomfort and distress, and even much pain, but I doubt if it ever kills women. If it does, where syphilis kills its tens, gonorrhœa kills its thousands, and

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it would take the sufferings of a hundred cases of syphilis to make up for the long weary years of agony of one case of gonorrhœa pyosalpinx." The utterances of Noeggerath and the teaching of Tait have thrown a flood of light on this subject, the literature of which is surprisingly scarce. With the exception of Tait's latest work on diseases of women, the subject is passed by with bare mention in most of the text books, and by some authors with none at all. The fact is that until Tait opened up the realms of abdominal surgery, and showed what the inflammatory diseases of the pelvic organs really are, and what a large per cent of them are due to gonorrhœal infection, very little was positively known of the ravages that this dreadful disease was making. The text books of only ten years ago had names for the diseases of the pelvic organs that indicate the vagueness of their pathology. "Pelvic cellulitis" was then a very common affection, whereas now we know it to be quite rare, there being, probably, forty cases of inflammation of the Fallopian tubes to one of the cellular tissue underlying the pelvic peritoneum. The term "peri-uterine inflammation" was a good one for its time, because it was vague, included all the inflammatory affections of the locality without prejudging anything as to the seat of the malady. But the pathology of to-day is more exact, and this expression would convey but little information regarding the exact location of the disease. When we consider the direct communication with the lumen of the Fallopian tubes, which the canal of the uterus offers, the great wonder is that any case of gonorrhœa can go on to recovery and the tubes escape. In many cases of gonorrhœal salpingitis I believe the disease starts either in the uterus or tubes, without there being a premonitory vaginal inflammation, and, in fact, often runs its course confined entirely to the tubes and surrounding peritoneal tissue, without any discharge from the vagina, the tubes being sealed by the inflammation and retaining the pus. That the infection is due to the microbe, gonococcus, there is now very little doubt. Tait questions the microbe theory and instances a case of gleet where no gonococci could be found in the discharge, and yet it had caused a gonorrhœa. This is merely negative evidence and proves nothing. The discharge might have contained the microbes in very small numbers and the microscopist failed to find them. We may examine a sus-

pected discharge many times without finding the evidence of disease, but at last discover it. The gonococci in old cases of gleet are not necessarily held alike in all parts of the discharged mucus. It is very natural to suppose that they may at times have their resting place in parts of the genito-urinary apparatus where they would be discharged only at certain times—as would be the case in the seminal ducts. Whatever the *materies morbi* may be, it is certain that it may lie dormant in this way for an indefinite time, and only awake to activity when transplanted to new soil. Its power of doing mischief in this insidious manner is apparent. Hence it is not only the woman who exposes herself knowingly to the chance of infection who may suffer from gonorrhœa and its results, but any pure, virtuous girl who is so unfortunate as to marry a man who has had gonorrhœa, and who still has the germs of the disease lying latent in an old stricture, the ejaculatory ducts, or some other part of the complex genito-urinary apparatus, may become a victim to the infection. I believe this latent gonorrhœa is responsible for more of the cases requiring laparotomy among women of the upper classes than is due to any other one cause, and that if the entire truth of this could be known and published to the laity, there would be less “giving in marriage,” or demands for certificates of *genito-urinary character* would be in order. The young man who has “sowed his wild oats,” then reformed, and taken to himself for wife, a young, healthy, virtuous woman, is a sight for gods and man to weep over!

I believe that a woman is liable to contract gonorrhœa from any man who has had the disease at any time during his life. I say this advisedly, and as the result of especial observation on this subject extending over a period of a number of years. If this statement is true, and I am convinced that it is so, think of the risk to health and life that is being run every day. It is simply appalling! Those of us who have had a large experience in general practice, and know of the prevalence of gonorrhœa among our young men, can realize what that means. Preceding a table of nearly five hundred operations for removal of the uterine appendages, Tait says, in his “Diseases of Women and Abdominal Surgery:” “From the enormous number of cases of damaged uterine appendages which came under my care in young married women who have re-

mained sterile after having been a few months married, I am almost disposed to believe that it is unjustifiable for a man who has ever suffered from a gonorrhœa to enter the married state at all."

That gonorrhœa may be, and often is, given by men long after they and their physicians have supposed they were cured, has been demonstrated to me in a large number of cases. As illustrating this fact, I will mention several, which I take from my note books.

Mr. L., by occupation a guard in a prison, came to me in May, 1882, with an attack of gonorrhœa that was soon followed by epididymitis of the left side. After recovering from this the discharge soon ceased, and when I saw him last, three months after the attack of gonorrhœa, he told me he had no discharge and felt perfectly well. He married a healthy, robust girl in June, 1883. Three weeks after the marriage he sent for me to see his wife, and I found her in the following condition: Temperature, 102°; pulse, 120; great pain in left hypochondrium; painful micturition and quite a free purulent discharge from vagina. Examination revealed vaginitis, metritis, uterus very painful on pressure, and an inflammatory exudate as large as an orange in the left hypochondrium, next to and attached to the womb. It was plainly a case of gonorrhœa with infection and consequent inflammation of the left Fallopian tube, and probably of the ovary and peritoneum in its vicinity. The husband told me that he had not had gonorrhœa since I treated him the year before, and considered himself entirely well of the results of that attack. On questioning him, however, I elicited the fact that he had noticed occasionally a slight discharge of a clear fluid from the urethra. Now this innocent woman undoubtedly contracted her disease from a latent gonorrhœa and was made an invalid thereby, and if she has not died from the results of a ruptured pyosalpinx, or had the diseased appendages removed, is dragging out a life of suffering and misery, to-day. The young husband soon became weary of the slowness of the cure and discharged me, and I saw her no more until August, 1885, when she again consulted me. I found a pyosalpinx on the left side, and a salpingitis on the right. She informed me that she had never conceived, and had suffered constantly since I saw her last. I did not then know as much about gonorrhœal pyo-

salpinx as I do now, and tried to help her by various methods of active treatment, each one of which made her worse, and at last produced a severe inflammation. She naturally tired of this and sought other advice, and I have never seen her since. The foregoing illustrates one of the worst forms of gonorrhœal disease of the appendages. While many such cases have come under my observation, by far the greater number are of a less severe character, and their true nature less easily diagnosed. This class of patients often consult the physician more for the cure of the resulting sterility than for that of the disease causing it. The following are fair samples of this class:

Mrs. S., a handsome Jewess, 23 years of age, consulted me in March, 1889. Had been married fourteen months, and not becoming pregnant, consulted me, principally, to know the cause and, if possible, for the cure of her sterility. She complained only of a little soreness in the region of the uterus and some leucorrhœa. Examination showed an inflamed and excoriated condition of the vault of the vagina and cervix-uteri, cervical endometritis, Fallopian tubes and ovaries tender on pressure, more especially on left side, tubes thickened, ovaries in normal position. Her history gave the cause of the trouble. While on the wedding tour, about two weeks after marriage, she said she had a severe attack of "inflammation of the bowels," which confined her to her bed for several weeks, and only recovered her health after about four months of slow convalescence. Said her husband had been treated for about two years for cystitis, and named a well-known genito-urinary specialist as his physician, through whom I learned that the cystitis was the result of a gonorrhœa contracted nearly a year before marriage. I treated her for about four months and succeeded in relieving her of the vaginitis, and to a great extent, the cervical catarrh, by the cautious use of mild astringents and the large vaginal tampon of lamb's wool with 50 per cent boroglyceride. There was still some tenderness in the region of the left ovary, but as the patient felt otherwise well, I discontinued treatment, prognosing, however, the improbability of conception occurring, as I believed the salpingitis which had taken place so soon after marriage, had resulted in closing the tubes. I did not treat her again until April, 1891, but kept her under observation with a good deal of interest, as I felt confident that if my belief that that first

attack was caused by gonorrhœa were correct, she would have trouble with the Fallopian tubes again. At this time she came to me for treatment, her appearance showing plainly something wrong. She said that during my absence from the city the previous autumn she had quite a sharp attack of inflammation in the region of the left ovary, occurring about midway between the menstrual periods and from no evident cause. Was treated by a physician for several days and recovered from the acute symptoms, but since then had been running down generally, losing strength and her usual ruddy color. Had occasional pain and constant tenderness on pressure in the left side. Examination revealed a tumor of about the size of a walnut lying against the left side of, and attached to, the uterus, and extremely sensitive to touch. Since then she has been under treatment, principally by the hot water douche and wool tampon with boro-glyceride and is now very much better, the enlargement in left side being almost gone and all other evidences of inflammation correspondingly diminished.

The following case is quite typical of this class:

Mrs. B., 26 years old, married six years, never pregnant, but very anxious to have children. Menstruation regular and painless until after marriage, but ever since she had what the doctors called a "leucorrhœal inflammation," about three months after marriage, has had a good deal of pain with her periods. Said this leucorrhœal inflammation was attended with a very free, yellow discharge from the vagina, painful micturition and a good deal of pain in each inguinal region. Has never felt strong and well since, although has very little pain, excepting when she walks too much, which is very easily done. Was treated in another city for sterility, three years ago, by dilatation of the cervical canal, which caused great pain in each side and prostrated her for several weeks. On examination the uterus was found normal in size and anteflexed, catarrh of the cervical canal, left Fallopian tube thickened and tender to touch, right tube also sensitive to pressure, but about normal in size. I learned from the husband that he had gonorrhœa several times before marriage, the last attack about four years before, and this was followed by an inflamed testicle, and it was several months before he entirely recovered from the effects of it. This patient is still under my care. The treatment consists in a

thorough use of the hot douche, vaginal tampon of wool with boroglyceride, and an occasional application of carbolic acid to the servical canal.

I have selected these cases not for the purpose of demonstrating any particular methods of treatment, for that is not the purpose of this paper, but to illustrate some of the points relative to the peculiar action of the disease that I desire to make especial note of. The first of these is the fact that gonorrhœa can be transmitted when in the so-called latent condition, and is capable of causing, and does produce the same active conditions of disease in the recipient as if given in the usual manner. The second point is that when the uterine appendages are once infected by gonorrhœa, they never entirely recover, and are liable at any time, even when in seeming health, to blaze up into dangerous activity. It is these cases in which a number of attacks of salpingitis have occurred, extending over a period of several years, in which we find the Fallopian tubes enormously enlarged, their walls often very thick and composed of dense fibrous tissue, enclosing here and there smaller or larger pus cavities. The fimbriated extremity is generally the receptacle of the largest amount of pus and is the locality where the tube is thinnest and most liable to rupture when distended. If one bears in mind this condition of affairs, and considers what a magazine of gonorrhœal infection a woman may carry with her in this way for years, and that occasionally a portion of this virus may be forced into the uterus by the hypertrophied walls of the tubes, it may account for many of those mysterious cases of gonorrhœa said to have been given by women pronounced free from the disease. The third point that I wish to emphasize is that of the danger of applying improper treatment to a case in which there has ever been a gonorrhœal salpingitis. The application to the uterine endometrium of such irritating substances as iodine, nitrate of silver, nitric acid, etc., curetting of the uterus, dilatation of the cervix, operation for laceration of the cervix, reposition of a displaced uterus that is at all fixed by adhesions, and, in fact, harsh manipulations of all kinds, should be avoided, or extreme care exercised in their application, or a dangerous inflammation will be liable to result therefrom.

One point that I desire to emphasize is that of the danger of rupture of the pyosalpinx. The woman's life is in constant danger from the moment that pus forms in a Fallopian tube, hence as soon as a diagnosis of abscess of the tube is made, it should be removed by laparotomy as soon as possible. If for any reason the operation can not be performed, the pus cavity should be evacuated with the aspirator through the vagina.

The following notes illustrate the culmination of one of these cases of old pyosalpinx:

In February last, I was called by a physician of Detroit to Mrs. S. She was 34 years old, had been twice married, four years to the man she was then living with; had one child by previous marriage, but never pregnant during the last four years. No history of the previous married life obtainable from her. Had been in fairly good health during the last four years until two weeks before I saw her, when she slipped on the stairs and fell several steps, jarring her a good deal and causing a sharp pain in the left hypo-chondrial region, and a feeling of faintness and nausea. Since that time she had been confined to her bed, and exhibited mild symptoms of pelvic peritonitis accompanied by some peculiar mental symptoms that it was hard to account for as a result of the present disease, except by using that much-abused and convenient term, "reflex action." There were spells of somnolence, the attacks of which would alternate with periods of mental irritability. Examination showed the uterus pushed forward against the pubis, the tissues in the back part of the vagina cedematous, and pressing down in the posterior cul-de-sac, an indistinctly fluctuating mass. As the patient seemed very much exhausted by her illness, and made strong objection to any severe operation, it was decided to first attempt relief by the use of the aspirator. This was easily accomplished through the vagina, with the patient under an anæsthetic, and about two ounces of laudable pus removed. For three days after this she appeared better, the temperature, which had been about 102° falling, and the nervous symptoms being less marked. She then suddenly became worse, the temperature rising, and the periods of somnolence increasing in duration, with alternating delirium. Laparotomy was decided on and the operation performed the next morning. The right ovary was first removed, and was found to be atrophied and

buried in adhesions; no Fallopian tube to be found on this side. The tube on the left side was enormously enlarged to the size of a small intestine, being composed mostly of dense fibrous tissue with three small abscess cavities within. The inner one communicating with the uterus by a patulous opening, while the fimbriated extremity had contained a large amount of pus, the walls of the cavity being quite thin, and showing a rupture through which the pus had escaped. After the operation the patient's temperature decreased and other symptoms were favorable, excepting that the somnolence increased, and the second day after the operation characteristic symptoms of cerebral effusion developed with hemiplegia of left side, and she died on the fourth day. Before her death the mother came and gave us some of the previous history of this unfortunate woman that threw light on the cerebral trouble. It seems that she had contracted not only gonorrhœa but also syphilis from the first husband. The cerebral trouble was then decided to be due to the development of syphilitic gummata, but no autopsy could be had to verify this diagnosis. Owing to the patient's reticence regarding her early married life no venereal history whatever was obtained from her, nor any facts regarding previous trouble with the left ovary, but she undoubtedly suffered for years with that inflamed and pus-laden tube, and at last a mis-step had caused the rupture.

Many of the cases of so-called "puerperal fever" are undoubtedly caused by the rupture, at the time of labor, of tubal abscesses or the breaking up of adhesions left by old inflammations of the appendages. Tait mentions five cases of death from puerperal fever, in hospital practice, in which post-mortem examination demonstrated that in four of them the fatal issue was due to one of these causes.

A woman who is sterile on one side only with a gonorrhœal pyosalpinx, and becomes pregnant is in a most dangerous situation. There are other cases when the inoculation by the gonorrhœal virus takes place after labor, from a vaginal gonorrhœa, the virus passing first into the womb and causing acute metritis, and afterwards, possibly, entering the Fallopian tubes. If these patients recover from the acute symptoms, it is only to drag out a miserable existence with damaged uterine appendages until relief is obtained by laparotomy, or death closes the scene.

The following cases, which came recently in my service at Harper Hospital, illustrates one of the severe forms of gonorrhoeal disease of the uterine appendages, and is a fair sample of the condition that may be produced by one year's progress of the disease, the extent of the disease in both ovaries and tubes demonstrating beyond doubt the futility of any treatment looking toward a cure other than that of the complete removal of the diseased organs:

Miss H., a prostitute, 23 years old, entered Harper Hospital, April, 1891, and gave the following history: A little over a year before had an attack of gonorrhoea accompanied by inflammation of the pelvic organs, and was several months recovering from it. Caught cold last January, and had a return of the pelvic inflammation, and since then has been up and down with it several times until the last attack, more severe than the others, sent her to the hospital. Had had chills, fever and sweats—said she had been told it was malaria. There was some general tympanites and great tenderness on pressure over lower part of abdomen. The left broad ligament, tube, and ovary was one solid boggy mass and exceedingly sensitive to touch; the appendages on the right side were softer, although enlarged, and not so sensitive. She was treated principally by the use of hot vaginal douches three times a day, and a daily enema of epsom salts and water, until May 12, 1891, when laparotomy was performed. Both tubes and ovaries were found imbedded in a solid mass of adhesions, and had to be literally dug out with the fingers. Both tubes and ovaries contained pus, their removal being accomplished without rupturing, and showed plainly the very complete invasion made by the disease. There was also a cyst of the left broad ligament, evidently the result of the recent inflammation, and this was aspirated of a small quantity of bloody serum. The abdomen was freely flushed with hot sterilized water, a glass drainage tube inserted and the abdominal wound closed with six silk-worm gut sutures. A very little serous fluid was obtained from the tube daily, by using the sucking syringe, and it was removed on the third day. The patient made a satisfactory recovery and was discharged June 10, 1891.

Apropós of the longevity and great vitality of the gonorrhoeal virus when preserved in a pyosalpinx, and discharged occasionally into the uterus, I will relate the following case,

which is, I confess, not authentic, as the different parts of it have come to me in roundabout ways, but I believe the facts are practically true as set forth, and as it is instructive, I take the liberty of presenting it:

Once upon a time there was a young and handsome widow whose husband had some years before given her a gonorrhœal pyosalpinx, and afterwards very properly died. She had, at the time I knew of her, several admirers, young men, well known to me, who had intimate relations with her, she having at the time no other disease that she was aware of but the usual "female weakness," that she had suffered from more or less for several years. Several of these young men contracted gonorrhœa from her, and three of them afterwards married. The wife of one of the three has never been pregnant, and has been an invalid since marriage. The wife of another had a miscarriage shortly after marriage and has not been pregnant since. The wife of the third one I am still observing with a good deal of interest. She is in good health and has not been pregnant since marriage. It may be that two out of three is the usual average. Statistics on this point would be valuable and interesting. The widow afterwards married a gentleman from a distant state, and about a year thereafter I learned that she had submitted to an operation for the removal of the uterine appendages. I unfortunately never learned what experience the husband had before the operation.

The consideration of this subject leads one naturally to ask: "Is there no prevention to be applied to this state of affairs? Certainly, the practice of preventive medicine is the highest and noblest privilege of the physician, and at the risk, perhaps, of seeming to strain a point in getting it in this paper, I am going to make a suggestion in that line. The majority of the errors of youth are committed through ignorance, and not as a result of natural vice and depravity; hence if we can remove the cause, though education, we can lessen the errors. If we can teach our boys of the dangers that threaten the health and the lives of themselves, and of those that they will sometime hold dearer than their own, if they allow their passions to run away with their reason, a great deal of misery might be saved. At least the young man would conduct himself with his eyes open, which, with the present lack of education on this

subject, he has not the privilege of doing. My suggestion is that there be created a chair in every school, which should be occupied by a physician whose duties would consist in delivering to the boys of puberty, a certain course of lectures on the anatomy and physiology of the genito-urinary apparatus, and the nature of the venereal diseases, at the same time giving them a knowledge of the results of self-abuse. About all the knowledge of these subjects that boys get is that part that will do them harm, and is usually bought with a dear experience that makes them prematurely old, and loses for them forever that which their dearly bought knowledge cannot return. How much better to arm our young men with this knowledge on the threshold of sexual life, so that they shall not go into life's battle handicapped with disease. Parents never have and never will teach their sons these things, and it seems to me to be the imperative duty of the State to take this subject in hand and protect itself by the proper sexual education of its youth. When this shall have been accomplished, and our young men, through their knowledge of the true nature of the results of venereal disease shall either keep themselves untainted, or once having been diseased, refrain from marrying, then will we hear less of chronic invalidism of young married women; less of ovaritis, pyosalpinx and laparotomy; less of divorce and separation; and more of healthy and contented wives, happy homes and robust children.



O. S. Gulley, Bornman & Co., Printers, Detroit.

